

## THE

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## ORIGINAL DEPARTMENT.

## COMMUNICATIONS.

GONORRHOEAL AND SYPHILITIC  
AFFECTIONS OF THE TESTICLES.A Paper read before the Medical Board of the East-  
ern Dispensary, New York, March 8th, 1875.

BY JOSEPH MULREANY, M. D.,

Of Brooklyn, N. Y.

I have selected for the illustration of my views six cases of diseased testicles, viz., three caused by gonorrhœa and three originating from syphilitic pox. Four of these I have treated in this city, one in Brooklyn, and one in Ireland.

CASE 1. Mr. M., aged about thirty-four years, married and the father of several children; was seen on the 4th of April, 1873, when he informed me that he had been confined to bed for over a week, with inflamed testicle, and that he had had a physician attending on him.

Upon examination, I found him laboring under acute clap and orchitis of the left testis, presenting the usual symptoms. I merely mention that vomiting was present. He carried on a large commercial business in this city, and employed many work-people. Independent of his suffering, he was very anxious to return to the supervision of his business. I assured him that he might calculate on being able to do so on the following day, if he persistently carried out my instructions, which were as follows:—

The enlarged and very painful testicle to be fomented every hour with hot water, and between times a bag of hot dry bran to be placed

over the scrotum, and to take the following prescription:—

R. Antim. potass. tart., gr.viii  
Tinct. opii, ʒij  
Mist. camphoræ ad., ʒviij. M.

Sig.—A tablespoonful to be taken every one, two, or three hours, with a teaspoonful of epsom salts in every second dose, till the bowels acted freely.

On the following day he was free from pain, the orchitis much reduced, and, with the aid of a suspensory bandage, he visited and remained for several hours in his place of business.

The antimony, instead of increasing the irritation of the stomach, absolutely suppressed the vomiting, and, although backed up as it was by the epsom salts, failed to purge. I now ordered him to continue the mixture three times a day for two or three weeks. I gave him a strong calomel and jalap cathartic; advised the frequent use of warm fomentations; to take from three to six capsules of balsam copaiba every night; and to use, as often as possible, an injection of half a grain of the sulphate of zinc, to one ounce of water. I see this patient frequently, and not a vestige of the hernia humoralis remains.

Such has been my treatment for the past twenty years; and I have found it, in every respect, satisfactory. I do not recollect an instance in which the slightest enlargement remained. During the most acute stage, I continued to use the weak zinc injection, and inject it warm if at all convenient.

Now, a reason for this line of treatment may be asked for; I have not to go out of my way to find one. I look upon acute gonorrhœal

testitis as a congestion of the tubuli seminiferi, causing the severe pain by the forcible distention of the tunica albuginea. There is no pretence to phlegmon here, no plastic lymph, no chance of abscess. The antimony relieves this engorgement. Any one who has seen the metastasis of cynanche parotidæa (mumps) to the testes, will apprehend, but in a minor degree, what gonorrhœal orchitis amounts to.

I do not associate fibrine with either bronchitis or gout; and, with slight alteration or addition, I prescribe this mixture for both. Diminish the proportion of laudanum, and you have in this antimony mixture the very best treatment for congestive bronchitis; add but either sulphate of magnesia or colchicum, and what better formula for gout? Gout, bronchitis orchitis: the diseases are the same, but affecting different organs. The tissue involved in all is the same, viz., the vascular, or let us say glandular. The pain, when present, is not a vital phenomenon; it is the result of mechanical pressure.

The subject is an interesting one. I would not insult the intelligence of any member of this Board to suppose that he has not informed himself in its literature. Extend to me a like consideration, and believe me when I assure you that it is with an eye to your time that I thus briefly treat on the matter, and abstain from detailing, perhaps eulogizing, the names of those authors from the perusal of whose writings I have learned much. Puncture, leeching, strapping—nay, even that nefarious blister to the scrotum—I have tried, and been disappointed. One last remark on acute gonorrhœal orchitis, and I shall have dismissed that part of my paper, viz.: I have found that the congestion has no partiality to any especial portion of the gland. In the vast majority of cases the entire organ is engaged, body and epididymis as well.

CASE 2. Mr. K., aged about 35 or 37 years, married, no children. Some three years past I prescribed for him two drachms of the ethereal extract or oil of the male fern (*Filices Maris*), which effectually expelled a tapeworm that had infested him for years. He now consulted me for enlargement of the right testis; upon examination, I found it to be the size of a very large lemon, and so tense that I could not tell whether it was a hydrocele or sarcocele. He had had clap often, and at one time a gleet.

The enlargement of the testicle had been growing for years; he could not tell when he first noticed it. He never had acute inflammation of the testicles.

I explored it with a fine trocar, and drew off several ounces of a light-yellow serum. I was thus enabled to handle the organ and discover a large sarcocele, which of course was the matrix of the hydrocele. I inquired as to the calibre of the stream of urine, and if he experienced any difficulty in passing water. Here his replies were satisfactory enough; but, being persuaded that, apart from cancer and syphilis, a sarcocele uncomplicated with stricture of the urethra seldom or never exists, I should therefore explore that passage. I could only pass a No. 3 bougie; a stricture of the membranous portion of the urethra was present. I put him immediately under the following treatment. A suspensory bandage.

R.	Hydrarg. biniodid.,	gr. iv	
	Potassii iodidi,	3j	
	Sp. ammon. aromat.,	3vj	
	Syrupi zingib.,	3j	
	Aquæ puræ,	ad. 5iv.	M.

A teaspoonful twice a day, in water, after meals.

He called on me every two weeks, to have an instrument passed. There was no return of the hydrocele, and when I last saw him the enlargement of the testicle had quite disappeared, and I could readily pass a silver catheter (English, No. 10) into the bladder.

CASE 3. J. M., aged about 46 years, married, with one child, a girl, over twenty-five years of age, consulted me for an enormous hydrocele. He had been in hospital twice for treatment, and on both occasions it had been tapped and injected, but the fluid had persistently reaccumulated. At this time I was in the country, on account of ill health, and had neither catheter nor bougie; I had a small pocket-case which contained a female catheter; I obtained a glass male syringe and some tincture of iodine; so, with a lancet, I punctured the hydrocele, drew the serum off with the female catheter, and succeeded in injecting the sac. I should have observed that this man was the subject of a large sarcocele, and also exhibited the usual vital symptoms of a contracted urethra. He had had clap. The operation proved ineffectual, and the dropsy resumed its pristine dimensions.

I now prescribed the following formula for him:—

R. Hydrarg. bichloridi, gr. j  
Acid. muriatic. diluti, ʒij  
Infusi quassiae, ʒxij. M.

Half a wineglassful three times a day, after meals.

He called on me regularly for several months, continuing to take his mixture, when, finally, he returned with the hydrocele quite gone, and the sarcocele diminished to a third, and daily diminishing.

Reserving for the conclusion of this paper a few general remarks, I shall now address myself to those other three cases.

CASE 4. Mr. M., aged about 24 years, and married two years, no children, sent for me to visit him. Both testicles were as large as medium-sized lemons, firm or slightly doughy to the feel, and by no means painful. They could be examined at will, and had been in this enlarged condition for months. On this, as upon many subsequent visits, the patient was in an idiotic state of drunkenness. There was no gonorrhoea, but, from his childish conduct, I could not discover if he had pox. There was no bubo or inguinal pain. I thought that I should doctor him with a little tartar emetic, as much for the drunkenness as for the enlarged testicles. When I called again, after a few days, I found that his wife had made him take the antimony mixture, with the good result of having sobered him. I then discovered that he had a large chancre the size of a cent, quite as thick, and nearly as hard. It involved a small piece of the left side of the glans, about its centre, included the corona, and a puckered-up piece of the prepuce. It discharged very little, and the patient took little notice of it. Indeed, with nonchalance, he said that it had been there for over a year.

Seeing the character of my patient, I put him on the iodide of potassium and a suspensory bandage. I called; he was out. I called a second time; he was invisible, from drink. His wife made an appointment for him; I called as agreed, but the patient was out, so I gave him up. This was on the 13th of February, 1871. They removed to another part of the city, and on the 18th of July following—five months from my last visit—I was again requested to visit him. Both testicles were larger, and there was an abscess, about to burst, on the lower

part of the left one. He was now, for the first time, suffering from pain, and he expressed his willingness to submit to treatment. I regret to say that I have not an exact copy of the prescription; I can only approximate it. I lanced the abscess in the left testicle, and prescribed as follows:—

R. Pil. hydrarg., gr. xxiv  
Hydrarg. submuriat., gr. xij  
Pulv. opii, gr. xvij. M.

Sig.—Divide in pil. xij. One to be taken every night, and—

R. Potassii iodidi, ʒj  
Tinct. opii camph., ʒvj  
Tinct. cinchonae, ʒij  
Syrupi aurantii, ʒvj  
Aqua puræ, ad. ʒvj. M.

Sig.—A tablespoonful to be taken three times a day.

Half a drachm of strong mercurial ointment to be rubbed into the right side, over the liver, daily, and also to dress the chancre with mercurial ointment. My object was to salivate him quickly and safely; therefore, I combined the iodide of potassium treatment with the mercurial, so as to develop the therapeutic action of the latter as early as possible. On the 26th the gums were tender, on the 28th quite so. The potassium and mercury were immediately omitted. The testes were rapidly resuming their natural form and dimensions, and on August 15th he called at my office all but quite well. The next I saw of him was two years after, when he called to pay his bill. He was as fat as a mole, and as drunk as a lord.

CASE 5. Mr. F., aged thirty years, married, no children, called on me one night early in the year 1872, relative to an enlargement of the testicle, the left one. It was as big as a man's fist, and could be manipulated without causing pain. From its base protruded a wisp of rotten tubuli seminiferi, the size of a dozen faded primroses. He was in fair bodily condition, doing his duty, as a horse-car conductor, regularly, without losing an hour; and, above all, taking the condition of his testicle quite easy. This was his first and only visit. He was treated afterward by deputy, his wife being the go-between, reporting progress. This she did but twice, when I lost track of him till the middle of last month (March), when he saluted me on the car which he then had charge of. He informed me that under the treatment I ordered the testicle quickly healed up, and it was now

the same as the other, quite healthy; that he had only consumed the one box of pills, when all got well. His prescription was as follows:

R. Pil. hydrarg.,	3ss
Hydrarg. submuriat.,	gr. xij
Pulv. opii,	gr. xij
Quin. sulph.,	gr. xlvij. M.

Sig.—Divide in pil. xxiv. One to be taken every night.

The wound to be dressed with the strong mercurial ointment, and to wear a suspensory bandage.

CASE 6. The sixth and final case was also that of a married man, father of two children. In 1871 he consulted me for an affection of the testicle. On examination, I found the right epididymis the size of a pigeon's egg, the body of the gland being normal. The enlargement was tense, but indistinctly fluctuating. The man looked pale and somewhat cachectic. He denied ever having had syphilis or clap; yet, some years back, he suffered from what I fancied was an attack of syphilitic acne of the face, from his description of it.

I passed a bistoury into the tumor, and gave exit to some white semi-cheesy matter, which appeared very reluctant to budge from its sack. I thrust a piece of thick tape into the opening, to keep it pervious, and put him on the iodide of potash and bark.

I did not see him again for two years, when he called on me with the left epididymis in the same condition as the right one had been, but complicated this time with a small hydrocele. He persisted that he never had had a venereal sore or gonorrhoea. His father died of phthisis. I should observe that the right testicle had quite recovered.

With a fine trocar I tapped the hydrocele; and looking on the case as one of lues venerea, I passed a thick cord of ligature hemp through the epididymis, and ordered him the one-twelfth of a grain of the bichloride of mercury, in bark, two or three times a day. The seton of hempen ligature caused violent inflammation, and as the patient resided in a remote part of Brooklyn, another physician was called in. He, however, did not remove the seton, and in the course of a week my patient was able to pay me a visit in New York. Nothing could have acted more beneficially; the two openings, the inlet and outlet of the seton, were discharging moderately, there being just sufficient inflammation

remaining to cause the softening and absorption of the crude matter in the tumor.

It was over six months after this interview when I again saw this patient. On the 17th of May, last year, I was requested to visit him, in consultation with Dr. —. He was then in a dying condition from syphilitic cachexia. There appeared to be atony everywhere, and he died a few days after my visit. The diseased testicle was cured long before. He had continued the bichloride but for a very limited time, his medical attendant having put him on tonics, cod-liver oil, and the iodide of potassium, five grains three times a day; this was increased to twelve grains. It did him harm. Both lungs were congested, I believe from paralysis. The skin perspired as profusely as in a case of Asiatic cholera; and the gyrations of his heart were most extraordinary, so extraordinary that I have never met with the like, unless in the cachexia of syphilis.

The last case but one, the fifth case, attracted my attention to the influence gonorrhoeal and syphilitic enlargements have on the functions of the testicle. I have taken opportunity to make inquiries as to the influence stricture of the urethra, enlargement of the testicles, ulceration, or other disease of the uterus, have upon the act of coition, and have found that they present no barrier to its full gratification; nay, even increase both the passion and the pleasure. However, where the male suffers from stricture or diseased testicle, he is generally, if not always, childless. The reverse obtains in the female; she is seldom barren from ulceration of the os, or a variety of other uterine affections.

I shall not recapitulate, which is of itself an absurdity, but shall conclude by presenting to the Board a few deductions that I have culled from my practice. I have my doubts of the existence of two syphilitic poisons, believing that it is the constitution of the individual which determines the character of the primary sore, and gives type to the constitutional lesions. In cases where the intercourse of the sexes is limited—say between husband and wife—I have never met with an instance in which the wife contracted a sore from her husband who had a Hunterian chancre; and in more than one instance I have seen the wife exhibiting a chancre, with all the true Hunterian features, which she had contracted from the soft sores or chancreoid of her husband. The wives of men tainted with venereal diathesis are subject to inflammation

of the ovaries, and very generally have mammary abscesses, always mistaken for milk abscess, but called by me mammary bubo.

I have found the iodide of potassium useful in the treatment of syphilitic rheumatism, and in diseases of the bones themselves; not in peritonitis. In secondary and tertiary syphilis I have found it absolutely pernicious, as in case No. 6.

Mercury, in some form, has been invariably useful in my hands for the treatment of syphilis, in all its stages. In cases of inveterate secondary, and especially tertiary syphilis, such as epilepsy, paralysis, affections of the lungs, liver, heart, kidneys, etc., small bleedings, according to Valsalva's plan for the treatment of diseases of the heart—of about six or eight ounces every month—with an exclusively vegetable diet, and the persistent application of strong mercurial ointment to a limited surface—on the instep by bandage, on the liver by plaster—will effect more than any other plan of treatment. A deduction alike to this may be drawn from the fact that women, while in the vigor of the menstrual period of life, suffer less from lues venerea, and are more readily cured. It is only after the season of menstruation has left them forever that they suffer much; and it is noticeable that in severe cases of syphilis, either primary or secondary, a male patient may date the commencement of his recovery from the occurrence of a critical hemorrhage.

I have found what I call "a whisky puke" to be an excellent remedy for tertiary syphilis. I give the formula:—

R. Antim. potassio-tart., gr. v  
Spirit. hordeil, ʒviij. M.

A tablespoonful to be taken every hour, in a wineglassful of hot sugar and water, repeated about once a month.

#### CHLORAL HYDRATE IN THE TREATMENT OF PUERPERAL METROPERITONITIS.

BY J. W. DORA, M. D.,  
Of Mattoon, Ill.

Case. Mrs. McD., native of Scotland, aged 28 years, nervo-hepatic temperament, healthy, and of medium size, was delivered by myself, February 17th, 1876, at 6 P. M. Second labor at full term. The labor was tedious and difficult during the second stage, the duration

of which was five hours, and the causes of which were premature rupture of the membranes (eight hours before delivery) and a contracted pelvis in the antero-posterior diameter, with an abnormally straight sacrum. These causes, in addition to a ten-pound male child, rendered the labor tedious and painful to the patient, and tempted me to deliver with the forceps, which I would have done unhesitatingly had it not been for the great terror and prejudice on the part of the patient and friends against instrumental delivery. I therefore desisted from the use of forceps, and trusted to natural efforts, which were, finally, successful, after a fearful struggle. There was no perceptible laceration of the os or perineum, but there was an adherent placenta on the right side, near the fundus uteri, which was readily removed without undue hemorrhage; yet the sequelæ of the case proved to my mind, conclusively, that the traumatic lesion, if any in the case, occurred at the site of the placental attachment, and was the vulnerable point which gave admission to the toxic element into the circulation, which resulted in the auto-infection.

The patient was put to bed comfortably after the termination of the third stage of labor, and made no complaint until 2 A. M. of the 21st, or the beginning of the fourth day, at which time she was attacked with rigors, intense pain in the head, back and extremities, tenderness and slight tympanitis of the abdomen. The lochia was suppressed, and doubtless had been some hours previous to the onset of the chill, which was protracted until 8 A. M., when reaction developed a sthenic fever.

When I visited the patient, at 9 A. M., I found the history of the case as aforesaid; in a violent paroxysm of febrile action, attended with delirium. Pulse 130 per minute, full and tense; temperature in axilla 104°; bowels constipated; nausea and vomiting. Had taken two full doses of oleum ricini on the second and third days after confinement, with but slight effect. I prescribed at once hydrarg. submuriat., fifteen grains, bismuth, fifteen grains, in emulsion of acacia, and introduced hypodermically the fiftieth of a grain of sulph. of atropia in the left arm; at the same time, I also ordered tr. veratria viride, in two-drop doses, every two hours, until 4 P. M. Called, and found the symptoms rather aggravated, except the pain in the head, which was somewhat amelio-

rated by the atropia; the calomel was well retained, and vomiting had ceased; but no movement from the bowels. Ordered enemas, every hour, of soap and water, also turpentine stupes over the entire abdomen. The tympanitis was now very great, with extreme pain and tenderness over the abdomen, but more especially in the iliac and hypogastric regions; irritation of the uterus was arrested, as was evidenced by its unusual prominence, extending up nearly to the umbilicus. In addition to the foregoing local and constitutional remedies, I prescribed:

R.	Chloral hydrate,	3ij	
	Potassa bromide,	3ij	
	Syr. prunus,	3ij.	M.

To be given a teaspoonful every two hours, alternately with the veratria viride, in two-drop doses, during the night, until sleep was induced; then to be still continued every four hours, alternately, for its antiseptic influence, of which I shall hereafter speak.

22, 9 A. M. Called, and found that the bowels had moved freely, fever abated, and pain in head and back had subsided. Pulse 110; temperature 100°; the abdomen less tender and tympanitic, and patient had slept several times during the night, and was more composed and rational, with some little return of lochial discharge and very offensive odor. Ordered vaginal injections of carbolyzed water, to be repeated every three hours, and treatment otherwise ordered continued. 8 P. M., patient much better. Pulse 86, safe and regular; temperature 99°; sleeps most of the time (or, rather, drowsy); thirst still urgent, for which iced lemonade and cold tea were allowed; the bloating of abdomen subsiding, and complains principally of pain in the right ovarian region, which is still tender and swollen. Surface has been moist for several hours; no pain in the head, but feels dull and heavy. I should have heretofore remarked that the pain in the head, from the beginning, was in the occiput and cervical region, which now feels very sore when the head is rotated upon the pillow. The appetite of the patient is minus; still, she can relish beef tea and broths. The lacteal secretion is quite suppressed, but the urine is much more abundant than it has been for forty-eight hours.

23d, 9 A. M. The patient passed a very comfortable night, perspired freely, and the febrile symptoms have pretty much passed off, leaving a considerable degree of debility to be overcome by nutrition and tonics; there is still

quite an amount of tenderness in the iliac regions, showing the involvement of the uterine appendages, but the secretions are all becoming normal. Suspended the previous treatment, and put the patient upon the use of three grains each of quinia and potass. chloras, every four hours, and allowed the free use of porter and nitrogenous diet.

24th. Mrs. McD. is fairly convalescent; appetite returning, bowels regular, lacteal secretion reëstablished. Continued the treatment of yesterday, with the addition of fifteen drops of aromatic sulphuric acid, every four hours; to be alternated with the powders, to arrest profuse perspiration.

25th, 4 P. M. Patient still improving; sleeps well, appetite good, symptoms all favorable for rapid recovery. Continued the treatment for twenty-four hours, and discharged the patient.

*Remarks.*—If I should close this article with the simple report of the progress and treatment of a case of autogenetic septicæmia, developing the usual phenomena of metro-peritonitis, with its attendant general and local peculiarities, without a reason for the hope that is within me, the readers of the *REPORTER* would, doubtless, fail to see the animus which evoked the recital of the case at all. I will, therefore, explain, very briefly, the hypothesis upon which the treatment of this case, with several similar cases, was predicated.

I first became convinced of the antiseptic properties of chloral hydrate some five years ago, accidentally, by administering it as a hypnotic in a case of puerperal fever, in which maniacal delirium was a prominent symptom. The case resisted its soporific influence, given in ten to twenty-grain doses, for forty-eight hours, until about four hundred grains had been given, when the patient succumbed to its influence, and profound sleep resulted, which continued ten hours, after which there was a general amelioration of all of the aggravated septic symptoms, and a speedy recovery followed, with appropriate tonic and stimulating treatment. Since that time I have been anxiously awaiting the experience and experiments of other investigators in the use of this valuable therapeutic and preservative agent, until the fact has been demonstrated beyond cavil, by many anatomists and surgeons, that chloral stands second to no other safe internal remedy, as a preservative of pathological and anatomical specimens; and when its antiseptic properties are proven and

admitted, the point at which I aim is fully attained. I refer the reader to the elaborate report of W. W. Keen, M. D., anatomist, of Philadelphia, in the July number of the *American Journal of Medical Science*, in which he gives the preference to chloral over all other agents, as a preserver of animal tissue. I, therefore, prescribe chloral in septicæmic affections, on account of those properties which I have attributed to it; and I combine with it potassa bromide, on account of its well-known sedative effect upon the cerebro-spinal centres, as well as its alterative and eliminative influence upon the kidneys and secretory system generally, which would, obviously, adapt the compound to the treatment of autogenetic septicæmia in the puerperal state, in connection with appropriate auxiliary treatment always provided, etc.

## HOSPITAL REPORTS.

### LONG ISLAND COLLEGE HOSPITAL.

SURGICAL CLINIC OF PROFESSOR JARVIS S. WIGHT.

Reported for the MEDICAL AND SURGICAL REPORTER.

#### Amputation of Index Finger.

The patient was a middle-aged, robust seaman, who, some months before, had suffered a compound fracture of the first phalanx of the index finger of the left hand. Owing to an excessive amount of bony callous, the finger was so stiff as to be worse than useless.

The Professor called attention to a method of finding the joint in these amputations which, he said, would not be found in any of the text-books of surgery. The rule is to flex the digit, and then calculate the thickness of the head of the metacarpal bone. By cutting in at a point a little less than that distance from the apex of the flexed joint, on its anterior (dorsal of phalanx) aspect, the joint cavity will always be penetrated at once. The same rule holds good for the phalangeal joints, except that we must not go quite so far from the apex, in order not to strike the prominence on the dorsal surface of the proximal extremity of the second and third phalanges.

The upper part of the wound was stitched with horse-hair, and into its lower angle a tent of beeswax was inserted. The Professor said that the beeswax tent was originated by Professor Gunn. Its advantages are, that it is easily made, is soft and unirritating, readily inserted, does not absorb the discharge, and can be removed at any time, scraped off, and reintroduced.

## MEDICAL SOCIETIES.

### ALLEGANY COUNTY (MD.) MEDICAL SOCIETY.

The Society met at their hall, in Cumberland, Md., March 21st, 1876, Dr. G. E. Porter, of Lonacoming, President, in the chair.

The Judicial Committee having reported favorably upon the applications for membership of Drs. E. H. Parsons and A. B. Price, they were duly elected as members.

Dr. I. M. Green reported a case of comminuted fracture of skull in a man aged sixty-two years. The man having fallen over a precipice in the night, laid fifteen hours before being discovered. When found, he was in an insensible and rigid condition; respiration and circulation rapidly failing. Upon the fracture being located, the depressed portion of bone, which was two and a half inches in diameter—after consultation with Drs. George F. Fundenburg and W. McGill—was immediately removed. For a short time afterward both the circulation and respiration were much improved, but patient gradually grew worse, and expired twenty hours after operation.

Dr. G. E. Porter, of Lonacoming, mentioned a case of comminuted fracture of the skull caused by a blow from a bottle. Six weeks after date of injury he removed several portions of bone, the patient making a perfect and rapid recovery.

Dr. W. McGill presented a case of fractured clavicle, which he was treating with the apparatus of Prof. E. Warren, formerly of Baltimore, Md. The apparatus consists of a wire splint, so bent as to fulfill all of the indications necessary to the treatment.

Dr. W. McGill read the history, with the post-mortem examination, of a case of dysentery brought on by exposure to cold, and followed by abscess of the liver.

A committee of five was appointed as a Board of Health, to coöperate in sanitary measures with the State Board of Health.

After the usual routine business, the Society adjourned until next regular meeting.

WARDLAW MCGILL, M. D.,

Corresponding Secretary.

#### Kryolite.

Epsom salts is very largely manufactured in this city from the mineral called kryolite. One house has the monopoly of this substance, which is obtained from the coast of Greenland. During the year ending June 30, 1874, the value of the firm's importations of Greenland kryolite, all entered at Philadelphia, was \$17,870. In the succeeding month of August they brought \$14,866 worth; in September, \$18,587 worth; in October, \$9,087 worth; in November, \$18,071 worth. The importations thus far are valued at over \$80,000. Kryolite is a soft magnesian mineral.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### On the Elasticity of the Lungs.

The following is an abstract of a paper read at the Clinical Society, London, entitled "On Some Effects of Lung Elasticity in Health and Disease," by R. Douglas Powell, M. D., F. R. C. P. In this paper, after a reference to the views of Hutchinson and Hyde Salter on the mechanism of respiration, it is observed that, as now admitted by the best physiologists, in the position of thoracic repose—i.e., at the end of quiet expiration—the contractility of the lungs is exactly counterpoised by the elastic resilience of the chest-wall. This elastic resilience, tending to expand the chest, may be termed the "eccentric thoracic resilience." The presence of this eccentric thoracic resilience in health was pointed out by Dr. Salter, and has been incidentally further demonstrated by Mr. Le Gros Clark's more recent experiments to show the "passive tension" of the diaphragm. The resilience of both thoracic wall and diaphragm, tending eccentrically, and thus to increase the capacity of the chest, takes an important part in facilitating the respiratory act. The thoracic resilience in calm breathing helps inspiration and eases the recoil in expiration, thus exercising a spring-like function countervailing the lung elasticity in each way. (The diaphragmatic resilience is probably mainly derived from the "spring" of the thoracic margin to which it is attached.) Most authors regard thoracic elasticity as acting counter to inspiration, and Dr. Salter assumed that it was in favor of inspiration only at the very commencement of that act. It is important, therefore, to compare the range of chest expansion in calm breathing with the degree to which the chest will expand by virtue of the eccentric thoracic resilience alone, as ascertained by experiment upon the dead subject. The measurements of Hutchinson, Burdon-Sanderson and Sibson show the expansion of the chest in quiet breathing to be very small, viz., from 1 to 2 millimeters. In some experiments by the author he has found the range to be slightly greater, but variable in different persons. In one observation of expansion of chest by virtue of eccentric resilience, upon the dead subject, Dr. Salter found that on cautiously opening the pleural cavity, so as to allow the lungs to collapse, and thus to liberate the chest-wall from their traction, an expansion of 1 millimeter was recorded. The author has repeated this experiment with slight modification in ten cases. In one case, in which the chest was quite healthy, the expansion recorded was 3.19 mm. In three other cases, in which the chest was not quite healthy, expansions of 1.6, 2.1 and 2.4

mm. were recorded respectively. In six cases in which œdema, or emphysema, or adhesions were present, no result was obtained. It thus appears that in health the thoracic resilience favors inspiration throughout, and that probably even at the termination of quiet respiration there is still a small tendency to expand in reserve. The facts and inferences above alluded to are of much interest in their clinical bearings. In emphysema the elastic tension of the lung is loosened, so that the eccentric thoracic resilience becomes less and less opposed as the emphysema increases. In extreme cases the inertia of the chest-walls and the resistance of the lung are no longer countervailed by thoracic resilience, hence the uneasy jerk with which the act of inspiration (mainly thoracic in this disease) commences. The view of Stokes, still held by most who have followed him, that the chest in emphysema was expanded and organs displaced and compressed by the large lungs, is untenable. Some observations of M. Woillez on the expansion of the chest during the febrile state are alluded to. The relationship between cardiac displacement and intra-thoracic pressure is then discussed, a table of seventeen cases of pneumothorax and three cases of empyema being referred to, in which the intra-thoracic pressure has been tested by the author. Experiments already published are also alluded to as bearing upon the subject. The results of these latter observations and experiments seem to show that the view before expressed by the author is correct, viz., that in all cases of effusion into the pleura displacement of the heart is at first effected by the traction of the lung from the healthy side upon the mediastinum—rapidly in the case of pneumothorax, gradually in fluid effusion. When further accumulation takes place, the heart, of course, becomes further displaced by direct pressure.

#### On Hospital Gangrene.

In a paper in the *Archiv für Klin. Chirurg.*, by Prof. Von Nüßbaum, of Munich, the writer gives some details of much practical interest with regard to the preventive and curative treatment of this affection. In 1872, the first year of its appearance in the hospital, the gangrenous condition of the wounds in those attacked was always readily and successfully controlled by the local application of lotions, containing nitrate of silver, corrosive sublimate, or carbolic acid; but as the distinctive changes became more and more acute, it was found necessary to have recourse to more active means, and to apply caustic pastes and the actual cautery. Energetic applications of the latter agent proved the most efficacious, and a

perfectly successful result of such treatment was usually indicated by a previous fall of the patient's temperature. During the prevalence of the gangrene many different attempts were made to protect healthy wounds and sores from contagion. The continuous water-bath and applications of ice, moist warmth, and lotions of carbolic acid, salicylic acid, chlorine water, etc., were tried, but without any good results. At last Lister's antiseptic plan of dressing was practiced most strictly, so that no open surface was dressed save under the carbolic acid spray, and no instruments or dressings used save after careful disinfection. The hospital gangrene at once ceased, and not a single case. Prof. Von Nüssbaum states, has been observed in his ward since the adoption of this plan of dressing, although at the period of its first use eighty per cent. of the surgical patients had been affected. Prof. Von Nüssbaum asserts that he feels it his duty to testify to the efficacy of Lister's method as a prophylactic against hospital gangrene. He insists, however, upon the necessity of carrying out this plan of dressing in all its details. He holds that the secret of its great success in this instance lay in a pedantic exactness in its mode of application, and he expresses it as his opinion that the surgeon who allows a wound to remain for one second open to the air, and unprotected by the carbolic acid spray, cannot reasonably expect any good results from his practice of Lister's method.

#### "No More Ovariectomy."

Under the above startling title, says the *London Medical Times and Gazette*, we find a note in the *Surgical Centralblatt* for February 12, taken from the *Wiener Med. Presse*, 1875, No. 52, by Dr. Semeleder. About two years ago he was informed that a lady of his acquaintance, suffering from an ovarian cyst, who had been much relieved in Dresden by acupuncture (? galvanopuncture), had been ultimately cured in Vienna by the same treatment. Since that time he has tried it in three cases:—

1. A young lady, aged eighteen, who had a soft fluctuating ovarian tumor, originating on the left side and extending three centimeters above the umbilicus, was subjected to galvanopuncture. In four months the diameter of the abdomen, two inches below the umbilicus, was reduced from ninety-six centimeters to ninety-two centimeters, and in two months more the cure was completed.

2. A lady twenty-four years old, and the mother of two children, had a tumor in the lower part of the abdomen, on the left side, as large as the head of a child two years of age. When she had been under treatment two months the patient was cured, the remains of the cyst being hard, and of the size of a small apple.

3. A woman forty years of age, with a tumor reaching up to the umbilicus, had so far recovered at the end of six weeks of the treatment that its continuance was considered unnecessary.

No unpleasant consequences occurred in either of these cases, and none of the cysts have refilled. The author considers that the action is the same as that which occurs when the poles of a battery are placed in an albuminous fluid, viz., clotting and thickening at the positive pole, and liquefaction at the negative. He considers the method equally applicable to multilocular and unilocular cysts. He does not give an exact account of his method of procedure, but each sitting was of short duration. He anticipates equally favorable results in the treatment of hydatid cysts on this plan.

#### Venesection in Scarlatinal Dropsy.

The following case is given in the *Lancet*, from a clinic at Guy's Hospital, under the care of Dr. Wilks:—

F. M., a girl, aged seven, was admitted on January 21st, with general dropsy. Her father had dropsy when fourteen years of age, but the mother had always been healthy. There was no history of rheumatism in the parents or in the patient, but it had been noticed that from birth the girl was cyanotic, especially after any physical exertion. Four years ago she had measles, and she had always been a delicate child.

On December 28th, 1875, she was attacked with scarlet fever, and on January 22d she left her bedroom for the first time, and on the evening of the same day her eyelids swelled. After this the dropsy gradually extended over the whole body, in which condition she was admitted.

On admission the countenance was swollen, pale, pasty, and oedematous, and the lips were blue; the legs, arms, and abdomen were also swollen; the fingers were bloodless, the tips blue; there was distinct fluctuation and gravitation of fluid in the abdomen; the tongue was covered with a white fur; there was no evidence of desquamation except a slight scaling between the thumb and forefinger of the left hand. Loud rhonchi, sibilant and moist sounds, were heard all over the chest, both anteriorly and posteriorly. The precordial dullness could not be distinctly made out, but there was dullness extending from the second rib downward, a little to the right of the median line, and also to a line drawn from the apex of the axilla downward. A thrill was felt in the left second interspace, and a loud systolic murmur was heard in the second left intercostal space, as well as in the axilla and at the back, but loudest just over the pulmonary valves, running along the pulmonary artery up to the axilla. Urine: specific gravity 1.018; half albumen; no blood; hyaline and epithelial casts. Ordered ten grains of compound jalap powder at once, and half an ounce of the acetate of ammonia mixture every six hours.

At 8.30 p. m. the patient was seized with convulsions, most marked on the right side of the body, while the head and eyes were inclined to the right side. The spasms

were mostly of a clonic nature, and there was rigidity of the muscles of the neck. There was foaming at the mouth, but the tongue was not bitten, although the teeth chattered, and there were convulsive movements of the muscles of the face. The pupils were slightly dilated, the conjunctivæ almost insensible, the breathing loud, almost stertorous, and the face livid. These fits were frequently repeated, and during the intervals the patient was quite unconscious. A warm bath was administered, with no good result. As the convulsions continued, and increased in intensity, venesection from the median cephalic vein, to three ounces, was practiced whilst the patient was in the bath, but there was no cessation of the convulsions. Temperature  $102^{\circ}$ ; pulse 90.

Chloroform was administered, and the convulsions ceased, and the patient was quiet till ten o'clock next morning (January 28th), when the fits occurred a second time. Venesection to five ounces was done, with great relief, the convulsions ceasing in ten minutes, and not occurring again, the patient making a gradual recovery. During the fits the breathing was suspended for some seconds, after which it resumed its former character.

January 30th. Patient sensible. Pulse 70; less dropsy about abdomen; lower eyelids still cedematous; urine albuminous, one-third; specific gravity 1.020.

February 6th. Urine: slight cloud of albumen; no casts.

From this time the recovery was rapid.

#### Case of Ringworm Occurring in an Infant within Six Hours of Birth.

Dr. J. Roche Lynch, L. R. C. P., writes to the *Medical Press and Circular*:-

The following history exhibits, in my experience, the earliest period in a child's life, on record, in which ringworm has appeared; save this, there is nothing very especial in the case: but to some of your readers, particularly those interested in skin diseases, it may be of interest.

On the 16th of January, 1874, I was called upon to attend Mrs. W. in her confinement. She has had two children, both living. This child was born at 2 P. M., and the same evening a friend calling on a visit noticed a small red spot on the child's right cheek, three-quarters of an inch below the eyelid. I was shown it the next day, but paid little attention to it, conceiving it to be of no importance. It, however, steadily increased, and on the 11th of February was about the size of a shilling. I now recognized it as a ringworm, presenting the ordinary conditions. It was treated with the application of acetic acid, and in three weeks it was quite cured.

On inquiry of the nurse, I found, four days before Mrs. W. was confined, that she (the nurse) had visited some friends, where one of the children was suffering from ringworm. She took the child for a short time upon her knee.

This appears to be the secret of the case; but I must admit that for a moment the question rose in my mind, "Could it be congenital?" On consideration, however, it did not appear tenable; but until I extracted the history of the visit from the nurse, I was puzzled how to account for the disease. I afterwards discovered that at the time she dressed the newborn infant she was wearing the same dress as on the visit. This was of black stuff, one to which particles of any kind might cling. I concluded that a spore or spores of the fungus had fallen from the head of the first child, and retaining vitality, settled on the cheek of the infant, probably when first handled by the nurse. From this it appears that the spores retain their activity for at least four days, and that when they meet with a suitable locality, develop such power as to produce a clearly defined spot in the course of what certainly did not exceed six hours.

#### Infusoria in Fever Stools.

Dr. Felix Marchaud, of Berlin, reports in Virchow's *Archiv* the case of a young man, aged fifteen, suffering from enteric fever, in whose stools, in addition to bacteria, he observed infusoria in a state of great vital activity several times during the earlier stages of the disease. They were of a roundish triangular form, compressed laterally, the posterior angle was elongated into a long cilia-like tail, and some long cilia were placed round a depression near the front of the ventral surface. To these structures the rapid movements of the animal were doubtless owing. In the interior were seen some granules and one or two vacuoles. In addition to these forms were others which exhibited motions rather of an amoeboid character, but which, however, possessed cilia and vacuoles which the author regards as the imperfectly-developed condition of the former. He gives as measurements, length (exclusive of tail), 0.013 mm.; width, 0.0075-0.009 mm.; length of tail, 0.003 mm. The disease ran a moderately severe course, and ended in recovery.

#### Salicylic Acid as a Febrifuge.

Dr. Wolffberg has tried it in Professor Ziemssen's clinic in a number of cases of typhoid fever, in doses of from two to six grammes, and he has come to the conclusion that its antipyretic effect is not nearly so powerful as that of half as large a dose of quinine; and that, moreover, the action of the drug is uncertain. Dr. Wolffberg states that the internal use of salicylic acid is not unattended with danger. He found hemorrhagic erosions in the mucous membrane of the stomach and duodenum, in several persons who died after they had taken the acid made up into wafers; and in the large intestine of a dog which had had an enema containing two grammes suspended in forty grammes of water.

there were numerous hemorrhagic ulcerations. Instead of salicylic acid, Dr. C. Mvli has lately (*Berliner Klin. Wochenschrift*, No. 38, 1875) recommended the use of salicylate of soda in fever. He gives it in doses of four to five grammes, and finds that such a quantity exercises a marked antipyretic effect when the temperature is only moderately high, but that in severe cases a second dose is needed, from four to sixteen hours afterward, to reduce the fever as much as 1.5° to 3° Cent. As a rule, the effect of a dose lasts twenty-four hours; and it is most marked if the acid is given during the natural interval of daily desquescence. Dr. Mvli has used the soda salt with benefit in typhoid fever, and also in pneumonia and acute rheumatism. The fall of temperature which it causes was accompanied by copious perspirations in about half his cases. There were no injurious after-effects. Occasionally transient vomiting was excited by the drug. Its action was most satisfactory when administered by the mouth; less so in the form of enemata. In healthy persons, salicylate of soda appears to have no effect on the temperature at all; and, according to Dr. Fürbringer's experiments, the same is true of salicylic acid.

#### The Limitation of Venereal.

Can we do much to put an end to venereal diseases? That is the question which has puzzled so many able minds of late years. In reply to it Dr. Mauriac, of Paris, in his most interesting work, entitled "*Rareté Actuelle du Chancre Simple*," Paris, Delahaye, 1876, thus speaks: The soft chancre is the most crapulous of the three venereal diseases. In truth, it is a disgrace to our civilization that it still exists. Have we not the power of destroying it as we destroy vermin, and all parasitic diseases which lodge on the skin? Yes, I am convinced that it will be made to disappear whenever society will seriously take the trouble to make it cease. Its rarity, which has been extraordinary for some time past, is it not perhaps the prelude of its future extinction?"

"Certainly (he adds) I would not be equally affirmative with respect to syphilis. Since that disease invaded Europe, at the end of the fifteenth century, it has never ceased to rage. It has before it, as it has had in its past history, many years of existence. Reason, however, tells us that it is not inherent in humanity, so that we need not forever despair to destroy it. But how many circumstances contribute to perpetuate it; its constitutional character, the contagiousness of its products during their early phases, the inutility of preventive cauterizations of its primitive accident, its hereditary transmission, and the virulent contagiousity of the lesions of the fetus, etc."

"As to gonorrhoea, it will remain as long as humanity. It was born with it, and will die with it. Were we to extinguish this special inflammation for several years, it would re-

awaken from its ashes. And, indeed, it would be rapidly reawakened, for it would not be a very difficult or complicated experiment to create an acute catarrh of the urethra and raise it to that point of specificity that would make it contagious. Perhaps such a fact takes place more frequently than is supposed. Whereas, let any one attempt to create anew the syphilitic poison or the virus of the simple chancre."

#### The Contagium of Enteric Fever.

In a review of this subject in the *British Medical Journal*, with special reference to Dr. Klein's report to the English Privy Council, the writer says:—

With regard to the principal object under investigation, it should be noted that the facts which have been put together by the most able and experienced pathologists tend to show that the contagion of enteric fever is due to a specific and living organism which, when transmitted from a diseased to a healthy individual, produces the same disease in the latter; and, further, that the chief, if not the only, vehicles of poison are the ejecta of the bowels of an infected person. Contagion in the form of a living organism could not be expected to produce infection at once; and the theory that it is organized is *primâ facie* justified by the circumstance that a period elapses between the reception of the contagium and the manifestation of the disease, during which the poison apparently lies dormant, but it is in reality ripening toward an active condition. According to Dr. Klein, no other view of the poison affords any explanation of the incubation-period. But hitherto no one has succeeded in pointing out any specific organic form as the probable cause of enteric fever, and hence the paper which Dr. Klein has prepared is one of the highest interest.

Preliminary investigations were made with the stools of enteric fever patients, and the microscopical appearances which they present are described at length in Dr. Klein's paper. Among the objects noticed are numerous bright, highly refractive, spherical micrococci of varying size, both isolated and in chains or necklaces, and at times rod-like structures, from which these micrococci could be traced to originate; but it is not in the evacuations alone that these bodies are found; they have been observed in abundance in the mucous membrane of the ileum in the stages of the disease preceding general ulceration. In those parts of the ileum which, at the commencement of enteric fever, appear to the unaided eye only to be slightly increased in thickness, Lieberkühn's crypts are seen to contain in their lumen, in smaller or larger masses, corpuscles of greenish-yellow color, highly refractive, varying in form, and also in size, from about twice the size of a human blood-corpuscle to that of a minute granule, and it is evident from the appearances which they at times present that they multiply by transverse division. From the characters

which they present, Dr. Klein arrives at the conclusion that they must be of the nature of organisms, and with regard to them he further states that we have to do "with a fungus which possesses mycelium-threads of very unequal joints." In some parts of these threads, probably the terminal parts, "their contents split into microgonidia," and the gonidia, when discharged, undergo rapid division, so as to form a kind of zoogloea. In short, a very definite conclusion is arrived at with regard to the identity of the contagium of enteric fever with a low vegetable organism.

The products of the fungus are also found in other parts of the mucous membrane. The gonidia form and the micrococci may be seen in the tissue of the mucous membrane close to Peyer's glands, and the micrococci especially occur in large masses in the lymph-spaces surrounding Lieberkühn's crypts and the tissue next to it. The spores and micrococci also find their way from the surface through the Lieberkühn's crypts into the lymphatics and blood-vessels. Both the organisms themselves and the various shapes and positions they assume are depicted in the clearest manner in the diagrams which accompany the report. Indeed, these beautiful illustrations, from Dr. Klein's own pencil, bring out the results of the investigations in a manner which must be most convincing to the eye of the anatomist and microscopist. One diagram shows how masses of these micrococci penetrate through the epithelium and accumulate in a space between it and the stroma of a villus; in another, the organisms are seen to penetrate from the free surface into the mouth of a Lieberkühn's crypt; they are also seen to make their way into lymph-spaces and into the walls of veins.

From these circumstances, Dr. Klein considers it clear that we have to do "with an absorption of masses of micrococci from the surface into the lymphatics and blood-vessels;" and he further shows that it is impossible that their presence can be due to *post-mortem* changes. These organisms, too, are identical with those observed in the alvine discharges of enteric fever patients, and, as we observed in a preliminary notice of this report, the appearances presented by the organism "correspond closely with those described by Cohn as characteristic of the vegetation discovered by him in a district of Breslau famous for enteric fever."

#### A New Plan for Detecting Bile-pigment in the Urine.

For the clinical demonstration of the presence of bile-pigment in urine, Dr. Rosenbach, Jena (*Centrablatt Med. Wiss.*, No. 1, 1876), recommends the following methods as an improvement on those ordinarily employed:—The urine is filtered through ordinary white filter-paper, by which means the latter is rendered of an intense yellow or brown tint. If a drop of slightly fuming concentrated nitric acid is now allowed to fall on the inner side of this pre-

pared paper—that is to say, on the side which was turned toward the fluid—the spot which it touches becomes yellow, then yellowish-red, and at the edge of a beautiful violet tint; further out there forms an intensely blue ring, which passes over almost immediately into an emerald-green color. It is best to use the paper in the moist state, without allowing it to dry after filtration. The play of colors produced by the acid is beautifully shown by allowing a drop to trickle down the inner surface of the filter, the reaction becoming more intense the nearer the acid gets to the apex of the cone. If the filter be allowed to dry and is put aside for a few days, it is only necessary to moisten it with distilled water, and then to use a drop of acid, to obtain a characteristic play of colors. The reaction does not occur in highly colored urines which are not icteric.

#### Dental Caries.

In a review of a dental work by Mr. Sewill, in the *Med. Press and Circular*, the writer says:—

Of all the different subjects, however, with which dentists have to deal, there is none in which the public are so interested, or on which medical men are so frequently asked to pass an opinion, as that of the cause and nature of dental caries. There is a very general impression among the community that dentists cannot satisfactorily account for the havoc which this disease causes among the teeth of nearly every third person we meet with, and for the fact that we seldom find a sound set of teeth in any individual over thirty or forty years of age. But this is a great mistake, as dental pathologists can give as good an explanation of the causes of the deterioration of teeth as can be given in respect of insanity or any other disease which has likewise increased within the last fifty years. The theory of the etiology and pathology of caries which our author has adopted is, to use his own words, "entirely based upon generally-admitted facts; it is that which I believe can alone be arrived at by reasoning upon such facts; it is that which has been enunciated by the best authorities, and eventually must be, in my opinion, universally accepted." These causes are to be found in the action of acids, which occasions a gradual softening and disintegration of the dental tissues, the origin and progress of the disease being favored by certain structural defects in the enamel and dentine, and by certain derangements of the general health. "The local and constitutional diseases which favor the onset and progress of caries are those which are accompanied by inflammation of the oral mucous membrane, and those which give rise to the formation or deposit of acid within the mouth. Among the former may be particularly enumerated all the varieties of stomatitis; among the latter, scrofula, syphilis, phthisis, diabetes, chlorosis, and chronic alcoholism. These constitutional affections exert their baneful effect upon the teeth, in great part, by reason of the chronic inflammation of the gums, the vitiation (even gen-

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eral acidity) of the secretions of the mouth, and the dyspepsia with which they are all so commonly accompanied." A curious fact in connection with dental caries is that the teeth are not all equally liable to decay; and Mr. Sewill gives the statistics of 10,000 cases collected by Magitot, which show the great relative frequency of caries in the first molars, as well as the much greater frequency of the disease in the front teeth of the upper than in those of the lower jaw. The latter circumstance may, in the opinion of the author, "be accounted for by the fact that the lower front teeth are protected from the action of acid by the saliva with which, owing to their position, they are constantly bathed." He admits, however, that no entirely satisfactory explanation of the above facts has yet been afforded.

#### Lister's Treatment of Wounds by the Antiseptic Method.

The following lecture, from the *Lancet*, March 25th, 1876, we give somewhat more at length than usual, on account of the great interest of the subject. It is by Thomas Smith, F.R.C.S., Surgeon to St. Bartholomew's Hospital:—

The theory, or, one may now say, the facts on which Mr. Lister's antiseptic treatment rests, are as follows:—

1st. That in the dust of the atmosphere, and on matter with which it is in contact, there are the germs of minute organisms which, under favorable circumstances, induce putrefaction in fluids and solids capable of that change, in the same manner as the yeast-plant occasions the alcoholic fermentation in a saccharine solution.

2d. That putrefaction is not occasioned by the chemical action of oxygen or any other gas, but by the fermentative agency of these organisms.

3d. That the vitality or potency of the germs can be destroyed by heat, and by various chemical substances, which we call, in surgery, "antiseptics."

Now, I am not going to ask you to believe these statements on my authority, but I will shortly refer to the results of experiments performed by Pasteur, Lister, Sanderson, Tyndall, and others, which justify the above conclusions.

It is scarcely necessary to state that organic fluids, like milk, urine, and blood, infusion of meat, etc., if kept in contact with the air at ordinary temperatures, will ere long decompose or putrefy, and will give evidence of putrefaction by turbidity (if the fluid be originally clear), by the evolution of offensive gases, and by the development within them of bacteria.

Further, it has been shown by Pasteur and other observers that it is by no means essential to the success of such experiments that the organic liquids should be boiled, but that when circumstances admit of their being withdrawn uncontaminated from their natural receptacles, such as the urinary bladder, the blood vessels,

the udder of the cow, or the shell of a fresh-laid egg, they will remain free from organisms and from putrefaction when kept in pure vessels and protected from dust.

It has also been discovered that impure air will purify itself by mere subsidence of its dust. Pasteur long ago proved that putrescible fluids could be kept free from putrefaction in air taken from cellars free from draughts, when the solid particles of the atmosphere had had time to deposit themselves by subsidence: and Prof. Tyndall has recently subjected air purified by being kept at rest to very searching tests, to ascertain if it will excite putrefaction in putrescible solutions. He has found that solutions of meat, cheese, turnip, etc., first subjected to a high temperature, can be kept free from putrefaction for an indefinite time, exposed to the air-closed boxes that have been kept at rest a day or two, to allow the dust to subside, precautions being taken to prevent the said dust rising again by coating the inside of the box with glycerine. The same experimenter has demonstrated the fact that the air which has been thus rendered incapable of exciting putrefaction—i. e., aseptic—is also optically pure: that is, that there are no particles or motes to be detected in it when illuminated by a beam of electric light in a darkened room.

On the other hand, Mr. Lister has found that when any portion of apparatus used in investigations on this subject cannot conveniently be purified by heat, the object may be attained by washing the glass or other material with a strong watery solution of carbolic acid, and drying it with a carbolized rag, and in the course of a long series of experiments he has invariably found this antiseptic agent as efficacious as the flame of a spirit-lamp in preventing the growth of organisms and the occurrence of putrefaction.

Mr. Lister's object in the treatment of wounds and abscesses is to exclude from them these germs or organisms that float in the atmosphere and are the causes of putrefaction, and the means he employs for effecting this purpose he recommends, not as the best that can be used, but as the best that he has been able up to the present time to devise; and although Mr. Lister considers the truth of his theory incontrovertible, yet he does not claim to have brought his practice to perfection.

Mr. Lister claims for his plan that when it can be carried out with due care and proper observance of details, he can, as a rule, secure that an open wound should heal after the manner of a subcutaneous injury—that is, without inflammation or constitutional fever, and for the most part without suppuration; while, if suppuration occurs, he secures that it shall not be putrefactive—that is, accompanied by the changes that we consider evidences of putrefaction, such as the formation of bacteria and the evolution of fetid gases.

In the treatment of abscesses by the antiseptic method, Mr. Lister believes that he has effected

an entire revolution in the course of the disease after the cavity has been opened, and to this I will more particularly allude in my next lecture. But I may here mention that, along with many local advantages, the patient is said to be free from all danger of irritative fever as the immediate consequence, and from hectic at a later stage.

I must state these things explicitly to you, in justice to Mr. Lister, that you may judge fairly of the results of the antiseptic treatment, understanding what it cannot do, as well as knowing the advantages claimed for it by its author. It is only just to Mr. Lister, and essential, in order to enable you to form a fair estimate of the results of his method, to remember that he is far from regarding putrefaction as the only cause of suppuration. On the contrary, he has long since pointed out that any antiseptic substance, such as carbolic acid, if applied continuously to the exposed tissues of a wound, stimulates them to granulation, and the granulations to the formation of pus, giving rise to what he has termed "antiseptic suppuration," due to the direct chemical stimulus of the antiseptic. He has also expressed the belief that putrefaction acts in a precisely similar manner in causing suppuration, the products of putrefaction being acrid chemical substances; but that there is this all-important difference between the two cases—that the antiseptic acts only on the part to which it is applied, whereas putrefaction, being a fermentation, extends itself into all the recesses of a wound or abscess, where blood or sloughs, pus or serum, affords a nidus for the development of the bacteria. Further, Mr. Lister has directed attention to the important truth that suppuration, besides being brought about in this manner by the direct stimulus of chemical irritants, may be produced by ordinary inflammation without the access of any external disturbance, putrefactive or otherwise, as in the familiar case of an ordinary deep-seated abscess, the contents of which, when evacuated, are free from putrefaction. This ordinary inflammation he believes to be due to excited nervous action, and the commonest of all causes of it in surgical practice is tension, occasioned by blood or serum being pent up within the cavity of a wound; and he has insisted upon the fact that, in consequence of the irritating influence of the antiseptic material in the spray and sponges, the sanguineous discharge is greater in the earlier periods from a wound treated antiseptically than from one managed in the ordinary way. Hence it is doubly necessary to provide free escape for this serous effusion, which is done by means of drainage tubes; and if these be neglected or inadequate, tension will inevitably result, with corresponding inflammation, and in due time suppuration. Lastly, we must bear in mind that inflammation caused in this manner by tension, like any other ordinary inflammation, will be attended, in proportion to its intensity, by constitutional disturbance or fever.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—The last edition of "Webster's Unabridged Dictionary" appears after careful revision, and with improvements and additions which insure for it the maintenance of its position as the best dictionary of the English language. Price \$12. G. & C. Merriam & Co., Springfield, Massachusetts, publishers. It is a necessity for every intelligent family, student, teacher, and professional man. What library is complete without the best English dictionary?

—Our attention has been invited to a work entitled the "Physician's Single-paged Record and Cash Book." By D. M. Barr, M. D. A second and revised edition of which has been published. The book may be opened on any day of the year. Each page or folio represents one or more month's work (as practice may demand), and is so arranged as to present a record which usually requires five separate books, and proportionate labor in keeping them, viz:—1. Book of Appointments and Visiting List. 2. Day Book or legal Book of Original Entry. 3. Ledger. 4. Cash Book. 5. Case Book or Memoranda. It is a large book, 12x16, on superior medium paper. Handsomely bound and lettered. Price \$5.

—The following work is announced by J. H. Coates & Co.:—"Micro-Photographs in Histology, Normal and Pathological." By Carl Seiler, M. D., in conjunction with J. Gibbons Hunt, M. D., and Joseph G. Richardson, M. D. The work will be issued in monthly numbers, each containing at least four plates with descriptive letter press, twelve numbers to form a volume. The high scientific standing of the medical gentlemen connected with the publication is sufficient guarantee of its value to the profession at large. It is the only publication of its kind. The plates and letter-press printed on fine, toned paper. Size of the page 9x11 inches. Each number in a neat cover. Price of separate numbers 60 cents each.

THE

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A WEEKLY JOURNAL,  
Issued every Saturday.

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## THE LIABILITY OF PHYSICIANS.

The increase in the number of suits for malpractice in the courts, in different sections of the country, has become a topic of remark in medical circles. Some of these are instituted by unscrupulous patients, some instigated by unworthy lawyers with a view of extorting hush-money. It is an important branch of each physician's education, therefore, that he should be aware of the extent of his liability as a professional man. The most recent authority on the subject is Professor FRANCIS WHARTON, from whose philosophical work, "*On the Law of Negligence*," we have gleaned the observations we are about to make.

The general obligation of a physician is in each case to apply such diligence as good physicians, called under similar circumstances, are accustomed to apply. But if the physician has a specialty, and is employed as an expert in it, as when an obstetrician is summoned on

account of his especial skill in that branch, then he is bound to show the skill and diligence of an expert; more, therefore, than those of the general practitioner.

The inquiry has been made of us whether in every case a physician has a legal right to refuse to take charge of a patient. There is no question but he can, no matter what the circumstances of the case are; but if he once accepts the charge, he is liable for any negligence, and this liability is *not in the least diminished by the gratuitous character of his service*. He is bound as much to do his best in a "charity job" as toward a "pay patient."

Several cases have decided that if a general practitioner, not competent in a specialty, forces himself into a case to the exclusion of another physician who is competent as an expert in that case, he becomes *liable to the full extent of the specialist*. In the growing tendency to division of labor in the profession, these rulings regarding specialists are of high interest.

Of course, the physician is esteemed competent only according to the standard of the school he professes. A botanic physician is gauged according to the botanic system; and, we presume, if a patient with a broken leg calls in a medical man of the "Peculiar People," who treat all injuries and ailments by anointing with oil, and by prayer, the patient will have no redress at law for the crooked leg he will have in consequence.

The test of proper diligence in any particular case is *not* that of average capacity, but that of an honest, intelligent, and responsible physician in the position in which the defendant was placed. All the circumstances are to be taken into account. Thus, due diligence in the country is to be held at a less high mark than in the city; for in the latter, opportunities for culture are greater, instruments and books more accessible, and the honest and intelligent physician will use them. In the country, whatever of these means of obtaining useful information are accessible should be used. The

physician who "has no time to read," and "don't want a medical journal," neglects an opportunity for doing justice to his patients, and the fact tells against him in his defence.

Certain Pennsylvania and Iowa decisions, which place the liability of the physician at what the *average* of the profession would do, are very justly criticised by Professor WHARTON. It is not what the *average* would do, "but what an intelligent, responsible, and respectable member of the profession would, under the circumstances, do."

This important distinction must be the guide in judging of such particular circumstances as the use of new remedies, and the frequency of making visits. Utterly to neglect a patient is, of course, to put one's self in the way of the law; but the proper frequency of visits cannot be measured, except as above stated.

It is well settled that if the patient, by refusing to adopt the remedies of the physician, or through inattention to his directions, or similar misconduct, frustrates the endeavors of his attendant, he cannot charge to the physician the consequences due to his own obstinacy or carelessness. But it is to be noted, that if the patient does so injure himself by his own carelessness, it does not at all relieve the physician from his duty to try his best to limit the consequences of such injury, to prevent its repetition, and to be constant in his attendance and warning. The negligence of the patient toward himself nowise excuses the subsequent negligence of the physician. He must strive to make his patient appreciate the folly of disobedience and indifference to medical advice.

Finally, the plaintiff at the time of his action must show *injury* due to want of skill in the physician. It would not be enough, for instance, to say or to show that during his illness he was needlessly injured by an injudicious prescription, or temporarily hurt by a carelessly applied splint. He must show some sort of *existing* disability, the *result* of professional incapacity.

Such, in brief, is the position of the physician before the legal mind; and we trust this brief statement may aid all of our readers in "keeping o' the windy side of the law."

## NOTES AND COMMENTS.

### Popular Medical Education.

The *Lancet* states that in parts of England a body called The Ladies' Council of Education is doing a good work among the humbler classes, in diffusing, by means of lectures, a knowledge of the laws on which the health and happiness of households so largely depend. The interest awakened on such subjects of discourse as "Preventable Diseases and How to Avoid Them," and the "Muscular System and the Skin," is stated to have been most encouraging, and seems to warrant a hope that the importance of hygiene, and of physiological knowledge in its bearing on social comfort and prosperity, is becoming to some extent recognized by those classes which have hitherto been distinguished by their ignorance and disregard of the most elementary laws of health. Much of this ignorance, both in England and the United States, is directly traceable to the illiberality of medical men and their opposition to popular works on medicine, no matter how properly written.

### The Success of the Contagious Diseases Acts in England.

From an official report quoted in the English medical journals, it is satisfactory to learn that in some localities, so strictly are the Acts carried out, that venereal disease would scarcely be known were it not that it is constantly imported by prostitutes who migrate from neighboring towns. Juvenile prostitution in the three towns, Plymouth, Devonport, and Stonehouse, is now almost unknown. When the Acts first came into operation there were more than 600 prostitutes in these towns under eighteen years of age; in 1874 there were only two. The reformatory influence of the Acts still continues very marked.

Last year, including readmissions (for some of the women were attacked by disease more than once), 450 cases were admitted in the hospital. In nearly 100 instances the women, on being discharged from the hospital, returned to

their friends, or adopted some other mode of gaining their livelihood, and were removed from the register. These results were, it is believed, entirely due to the good influences that were brought to bear upon them whilst patients of the hospital.

Not only are the Acts the means of reclaiming large numbers of prostitutes, but, what is even better, they prevent many young girls from entering upon a life of shame. The officers engaged in carrying out the Acts have the brothels always under supervision, and every woman unknown to the police who is seen to enter such a house is followed, spoken to, and warned of the consequences that will follow if she persists in leading a life of prostitution. Young girls are not only warned, but are, if their friends can be discovered, taken to them forthwith. In this way it is believed that more than 200 girls were last year prevented from becoming prostitutes.

Yet, in spite of such evidence, people calling themselves Christians and philanthropists oppose these Acts.

#### Liquor Chloral Camphoratus.

This new preparation, which is proposed as a substitute for camphor oil, is obtained by reducing camphor to a fine powder by trituration with absolute alcohol, and then mixing with an equal weight of chloral hydrate. The result of the admixture is a clean, colorless, syrupy liquid, possessing the smell and taste of the ingredients which compose it. It cannot be considered a chemical compound, as the addition of water causes separation of the camphor and chloral. According to the *Centralhalle*, a fluid is obtained also if one part of camphor is mixed with two of chloral hydrate, or three of camphor with two of chloral hydrate. It forms a clear mixture with turpentine, chloroform, benzine, etc., but not with solution of ammonia. Rubbed on the skin, it produces a burning sensation. It is said to have been employed with success against rheumatism and toothache, and inhalation of the vapor is recommended to the notice of physicians.

#### Self-Development of Ova.

Dr. Moquin-Tandon, of Paris, gives some remarkable observations made on the unimpregnated eggs of frogs, showing a limited power of self-development. The process was more rapid than in fecundated eggs which were allowed to

develop at the same temperature. Only a small number of the ova presented this evidence of commencing development; the majority died without sign of segmentation. In all cases the phenomena soon ceased, the spherules produced soon separated, and the whole mass began to decompose. Sometimes death occurred after the division into two or four segments, sometimes at a more advanced period, but the ovule never assumed the mulberry look. M. Moquin-Tandon points out that the observation establishes incontestably that the ova of vertebrata not impregnated by spermatozoa may pass through the earliest stage of development in certain conditions, the exact nature of which is at present unknown. These facts may be placed beside those of the same kind observed by Bischoff on the sow, by Hensen on the rabbit, by Agassiz and Burnette on fish, and especially with the remarkable fact observed by Oellacher that in fowls kept far from a cock unfecundated eggs undergo segmentation in the interior of the oviduct.

#### Iodoform Pencils.

Iodoform in fine powder, 10 grammes  
Powdered gum arabic, 0.5 "  
Mucilage, q. s.

Divide into 10 equal cylinders, 4 c. m. long; dry in the air.

These pencils are hard, resisting, and capable of being divided into pieces of any length; they should be preserved from light. They are used with advantage against superficial ulcerations of the uterus. They are introduced into the cavity and allowed to remain, being kept *in situ* by a plug of wadding.

#### Eriodictyon Californicum.

The *Pharmacist* says this hydrophyllaceous plant is the *E. glutinosum* of Benth and the *Wigandia Californica* of Hooker and Arnott. It is an evergreen, and grows on the rocky barren soil of the Pacific slope, particularly in parts of Mexico and California. From the leaves H. S. Wellcome obtained, by maceration in strong alcohol, 20 to 30 per cent. of a transparent amber resin, having a highly aromatic and somewhat balsamic odor and taste. An aqueous infusion of the exhausted leaves yielded an intensely bitter extract. The plant has long been in use by the Spaniards and Indians as a specific for lung diseases, more especially consumption, for which they aver it

is a certain cure. They call it "consumptive's weed," but it is more generally known as *yerba santa* (holy herb), mountain balm, and, from the fondness evinced by bears for the foliage, bear's weed. Dr. L. H. Bundy, of California, reports cures of severe, long-standing cases of chronic bronchitis by this remedy; pneumonia and rheumatism were also successfully treated by him. An aqueous infusion is said to be used by the native Mexicans as a general tonic.

#### Writing and Reading.

In looking over our foreign exchanges, which include every language of the civilized world, it is a pleasure to see that American medical journalism is constantly growing in the appreciation of foreign professional men. Many of the articles contributed to this periodical within the last year have reappeared in French, German, Italian, and Spanish costume. The country doctor, who, from his rural home and limited practice, contributes anything new, which is the fruit of a ripened experience, to the columns of the *MEDICAL AND SURGICAL REPORTER*, may rest assured that in less than six months it will have been republished in from fifteen to twenty scientific journals, and in every cultivated language.

No one is so remote from scientific society, no one so cramped in his sphere of endeavor, but that in the medium of this journal he can reach, directly and through the diligence of framers of periscopes, compends, and abstracts, every reader of medicine on the globe in less than a year!

We urge again and again on our many readers that they should also be *writers*! We know from history, and from a long acquaintance with professional men, that it is more in the thoughtful quiet of country practice than in the haste and superficiality of cities that the great truths, the leading principles of medicine, have been demonstrated. Let not these precedents be lost on our contemporaries, and especially our readers.

#### Middlesex Urethral Surgery.

In the *Lancet*, recently, Sir Henry Thompson says, energetically:—"I may be allowed to say, perhaps, that my feeble voice has also been raised against the abuse of instruments from the first day that I ventured to pen a line on the subject, some two or three and twenty years

ago. And now I perceive a growing disposition to return to the state of things I have referred to. I note an increased tendency to discover stricture, and especially to undertake a considerable amount of operative treatment for strictures of the slightest kind, and sometimes where, in my opinion, they do not exist. There seems now to be a school which has determined for itself a very high standard of potency in what we hear called the "urethral tube," and which is accordingly said to have, or, if it hasn't, that it ought to have, a calibre of so many parts, and very large parts, of an inch, or millimetres, as the case may be. Instruments of astounding magnitude are produced, and if one of them cannot be drawn, with an ease which contents the operator, through the whole of the urethra, the unlucky patient is pronounced to be the subject of stricture; and probably he is submitted to an operation by no means devoid of risk. Now, I don't know that this fashion has as yet been adopted here, but I do know that it exists elsewhere, and I raise my earnest protest against it."

#### Treatment of Mercurial and Saturnine Tremor.

Dr. Noel Guéneau de Mussy prescribes for this pills containing four milligrammes of phosphide of zinc. From two to four are given daily, and the tremor is relieved, and even cured, in forty-eight, thirty-six, or twenty-four hours. This treatment is of no avail in alcoholic tremor.

### CORRESPONDENCE.

#### Procidencia of the Gravid Uterus.

ED. MED. AND SURG. REPORTER:—

I was called to see a case of procidencia of the gravid uterus, which I consider of sufficient importance to report for the readers of your valuable journal, from the fact that such cases are rare.

CASE I. I was called to see Mrs. C. S. on the 20th of September last; a German, thirty-six years old, the mother of six children. She had finished a large wash, and while lifting a tub of wet clothes from the kitchen to the yard she felt something give way and slip out of the vulva, which gave her intense pain, so that she had to be lifted from the yard to her bed. This happened at six o'clock in the afternoon, and I saw her the next morning at eight o'clock, fourteen hours after the accident. On examination, I found the greater part of the uterus, with the everted vagina, protruding from the vulva; could distinctly feel the fetus in the womb,

and upon inquiry the patient informed me that she was more than five months gone with child. From the large size of the organ, it seemed impossible that such a mass could be reduced back to its proper position. The uterus was dry, and exceedingly tender and painful to the touch. I elevated the hips with pillows, anointed the parts with sweet oil, and for more than thirty minutes, with careful manipulation, failed to reduce the protruded mass. I then ordered the patient upon her knees and elbows, and with the greatest difficulty, after forty minutes of hard work, with gentle pressure, succeeded in pushing the gravid uterus above the arch of the pubis. I enjoined absolute rest, in the recumbent position. At the end of two weeks, applied Meig's ring pessary; and as it gave the patient so much relief from the bearing-down sensation, I permitted her to get out of her bed and go about the room; and at the end of six weeks, as the ring pessary supported the womb perfectly, and the uterus was well above the pubis, I permitted her to resume her household duties, which she continued to perform without any further trouble until her confinement, which occurred on the 27th of last January, and resulted in the birth of a female child weighing six pounds. After her delivery, I enjoined perfect rest in bed for five weeks. The patient is now attending to her daily household duties, apparently cured of her procidentia. From what I could learn of the history of this case, she had never before, with any of her previous pregnancies, had any symptoms of prolapsus, and in the present case, said she had enjoyed perfect health up to the time the accident occurred while lifting the large tub of wet clothes from the kitchen to the yard, which resulted, to use her own words, in the sudden giving way of her insides, and the protrusion of the womb from the vulva. As I had never seen a case of the kind before, it induced me to look up the works on obstetrics and diseases of women, to get some light on the subject. I found that prolapsus during pregnancy may occur, but procidentia is a very rare occurrence.

Cazeaux says an incomplete or complete prolapsus may occur during pregnancy, as well as in the non-pregnant condition. The complete prolapsus, that in which the entire body of the uterus is external to the genital parts, and hangs between the thighs, is extremely rare. It were wrong, however, to deny its possibility, since it is proved by a case reported by Vimmer. Robert Lee says partial and complete prolapsus may take place both in the early and later months of pregnancy, but it is not a common occurrence. "In a case," says Dr. Lee, "which occurred to me ten years ago, the greater part of the uterus, near the full period, with the everted vagina, had escaped through the outlet of the pelvis. The uterus and vagina were restored to their natural position, and the labor was natural."

Dr. McClintock, in his work on "Diseases of Women," reports the case of a woman admitted into the Dublin Lying-in Hospital with a com-

plete procidentia of the uterus, more than six months gone with child. The uterus was gently replaced. Four days afterward labor came on, and she was delivered of a living child. She finally went home cured of the procidentia.

Burns speaks of a remarkable case of procidentia of the gravid womb where the whole uterus was protruding, and reduction was not accomplished till after delivery; he also speaks of a case of a large procidentia in the gravid state in the great hospital at Rome. Byford says:—"I once saw the fetus pass out of the os uteri after the head, covered with the uterus, had been expelled from the pelvis." Bedford, Thomas, Chailly, Miller, Hodge, Hewit, Leishman, West, Meigs, Simpson, McGune, Ramsbotham, say that procidentia in the gravid uterus may occur, but do not speak of ever having seen a case.

Montgomery, in his work "On the Signs and Symptoms of Pregnancy," relates a case which happened in the practice of the great Harvey, who gives us the following account of the matter:—

"And now at this time, it (the prolapsed uterus) was large, and dangling between her legs. It grew at last bigger than a man's head, being then a hard tumor, and hanging down to her knees, and was so painful that she could not go but upon all fours. I did suspect it to be a cancer of the womb, and therefore did bethink myself of a ligature and cutting it off; but the following night, an infant perfectly shaped, of a span long, was cast out of the tumor, but it was dead."

RUFUS K. HINTON, M. D.,

1406 South Eighth street, Philadelphia.

March 24, 1876.

## NEWS AND MISCELLANY.

### A Healthy Season.

Dr. Snow, of Providence, says, in his report for March:—

"These figures indicate a remarkably good condition of the public health during the first quarter of the present year, the number of deaths being 106 less than in the corresponding period of last year, a decrease of 21.7 per cent."

The same remark is applicable to this city. Though the increase in population this spring has been large, the actual number of deaths each week has been less than during the corresponding period last year.

Some deaths (ten to twelve) are noticeable from small-pox each week. This indicates neglect of proper precautions.

### Dr. Vleminecx,

President of the Belgian Academy of Medicine, died lately, at the age of seventy-six. He had been President of the International Medical Congress which met in Brussels last year. During thirty-four years he had been Inspector-

General of the Medical Service of the Army, and introduced many improvements into it. As a politician he was a staunch but cautious Liberal, and he enjoyed much consideration in the Chamber of Representatives, of which he was, up to the time of his death, one of the members for the *arrondissement* of Brussels. According to his last wish, his funeral will have a strictly civil character, "without priests and without soldiers."

#### Medical Autographs.

At the sale of a valuable collection of autograph letters and literary documents formed by the late Mr. W. T. B. Ashley, which was disposed of by auction, on the 17th of March, in London, there were several from members of our profession, especially a long and deeply interesting one from John Hunter, occupying four pages 4to. For this precious document there was a sharp competition between Mr. Stone, of the College of Surgeons (whose collection is already large in Hunterian documents) and an American gentleman, to whom it was knocked down for the large sum of seven guineas and a half, the former stopping at seven guineas. The excessively rare autograph of Harvey, the discoverer of the circulation of the blood, attached to a defective warrant, was purchased by Mr. Nayler, for £3 10s.

#### Wisconsin Board of Health.

We are apprised by a correspondent that the State of Wisconsin, by its Legislature, has passed a law creating a State Board of Health, and has appropriated \$3000 to that purpose. We are ashamed to be obliged to add, that the bill for the same purpose before the Legislature of this State has failed to pass.

#### Personal.

—Dr. Israel G. Atwood, of New York city, died March 8th, from the effects of excessive inhalation of chloroform. Dr. Fleming, of West Thirty-first street, stated that he had been called to attend Dr. Atwood two days previous, and found him completely prostrated by the influence of the drug. He ascertained that Dr. Atwood had been addicted to the use of the drug for the past five years, and had been under its influence for the preceding fifteen days. His purpose in taking the drug was to allay fits of mental excitement, to which he was frequently subjected. He was fifty-five years of age.

—The American delegation to the International Congress at Brussels desire to acknowledge special courtesies from Drs. Edward Seguin, of New York; Henry Collignon, of Brussels; and Alex. Ogston, Surgeon to the Aberdeen Royal Infirmary, Scotland.

—Dr. J. B. Edwards died in Chicago, Illinois, in February, in the 38th year of his age. He was a graduate of Buffalo Medical College, and a successful physician.

#### QUERIES AND REPLIES.

Is there any better way to make a strong syrup of Tolu than the one laid down in the United States Dispensatory? I wish to make a syrup holding from six to ten grains to the drachm. How can it be done? Obediently yours,  
A. H.

Will some experienced reader of the *REPORTER* please state whether he knows of any curative treatment for *True Tubercular Meningitis* of childhood? Are there any authentic cases of recovery recorded? I have been so unfortunate as to have had a number of cases, and they have invariably died, in spite of the early treatment with potassa iodide and bromide, belladonna, ergotine, etc.

I would be glad to hear the experience of older members of the profession on the subject.

Wisconsin.

W. H. V.

Can you or any of your subscribers give me a recipe for making hair dye that does not contain lead or other deleterious ingredient? Very truly,  
Wm. H. C.

[We invite suggestions].

*Fidels.*—The following prescription has been recommended as a restorative after alcoholic excess:

Recipe. Pot. bromide, half a drachm  
Spts. am. aromat., two drachms  
Inf. gent. co., six ounces.

Sig. Half an ounce three or four times a day.

#### MARRIAGES.

*HYDE-SEARING.*—On Thursday, April 6th, at the Church of the Holy Saviour, New York, by Rev. A. B. Carter, Harry Hyde and Hannah H., daughter of Dr. G. N. Searing, both of Hempstead, Long Island.

*KITHCART.—BUSEY.*—On Tuesday evening, March 28th, 1876, at St. Mary's Cathedral, Covington, Kentucky, by Rev. John A. McGill, Dr. N. I. Kithcart, of Columbia City, Indiana, and Miss Emma C. Busey, of Cincinnati, Ohio.

*WILKINSON.—THOMAS.*—In Claremont, Vermont, March 20th, by Rev. Levi Rodgers, Dr. F. C. Wilkinson and Sarah B. Thomas.

#### DEATHS.

*COOPER.*—On the 24th ult., at Trenton, N. J., Emma, wife of Dr. Isaac Cooper.

*GARDNER.*—In this city, on Friday morning, April 7, Augustus Kinsley Gardner, m. d., aged 64 years.

*GRIER.*—At Washington, D. C., suddenly, on Friday, March 31, Margaretta, wife of Dr. William Grier, Medical Director U. S. N., and daughter of the late Colonel John G. Watmough.

*HAMILTON.*—In Newport, Vermont, March 6th, Clara F. Fuller, wife of Dr. M. T. Hamilton, aged 21 years, 7 months.

*HAMMOND.*—Of apoplexy, April 5, at his residence, near Spring Valley, Rockland County, New York, Gerard B. Hammond, m. d., aged 48.

*HITCHCOCK.*—On Tuesday, April 4, at her residence, No. 51 East 80th street, Mary A. Mack, wife of Dr. H. M. Hitchcock.

*ORR.*—In Cincinnati, Ohio, on Monday evening, the 3d instant, of acute bronchitis, Spencer Grandin, infant son of Dr. G. B. and Anna Orr.

*QUICK.*—In Phoenixville, Pa., on Tuesday, 21st ult., Dr. Lavington Quick.